

## Georgia Department of Human Resources

# AIDS IN GEORGIA

### The epidemic in Georgia

The HIV/AIDS epidemic continues to grow in Georgia. The total number of cumulative AIDS cases diagnosed in Georgia by the end of 2006 was 31,557. During 2006, the state had the seventh highest number of reported AIDS cases in the United States and the sixth highest rate of AIDS cases per 100,000 population.

The Georgia Department of Human Resources (DHR), Division of Public Health (DPH), continues to enhance its efforts to provide prevention services, education, early detection of HIV infection and treatment. The Division's Office of Essential Prevention Clinical Services is working to improve the integration of HIV/AIDS, STD, tuberculosis and substance abuse prevention and intervention services.

### Who has HIV/AIDS in Georgia?

- Men who have sex with men still represent the largest number of people living with AIDS in Georgia. Studies suggest that young gay men are engaging in unsafe sex.
- Recent trends indicate that the disease is affecting African-Americans, women, heterosexuals and people living in rural areas at growing rates.
- More African-Americans are becoming infected. In the United States, African-American males and females, ages 18-44, are most disproportionately affected by HIV. Although African-Americans make up only 30% of Georgia's population, 75% of new cases of AIDS in 2006 were African-Americans. AIDS continued to be in the top four leading causes of death among African-American men and women ages 20-44 in 2006.
- The HIV/AIDS epidemic in Georgia now affects many women. From 1986 to 2006, the cumulative proportion of AIDS cases among women increased from 6% to 28%. African-American women are disproportionately affected. Heterosexual sex is the primary mode of transmission. Many women are sex partners of men who have used drugs or men who have sex with other men.
- As more women become infected with HIV, more children may be born with HIV. Without treatment, HIV-infected mothers transmit their infection to their babies 25% to 30% of the time. Treatment reduces the transmission rate to two to five percent. On
- On July 1, 2007 it became law in Georgia to screen all pregnant women for HIV.
- Teenagers are becoming infected. Teens are not likely to perceive themselves at risk and may be willing to take chances with unprotected sex. Many of the 19% of Georgians with AIDS who were diagnosed in their 20s were probably infected as a teen.
- The epidemic is shifting to rural areas and small cities and towns. As of December 31, 2006, about 28% of the men who had been diagnosed with AIDS, 42% of the women and 46% of the children with AIDS were living outside the 20-county metropolitan Atlanta area at the time of AIDS diagnosis. In rural areas, resources

are scarce. People are more dispersed and therefore harder to reach with treatment and prevention efforts.

- Drug use is a major factor. People who inject drugs often contract the virus when they share needles with an infected person. People who may not be using drugs themselves may also become infected through sexual activity with infected partners who have used injection drugs. Alcohol and other drug use may increase high-risk behavior because it reduces inhibitions and interferes with decision-making.

### **What is Georgia doing to stop the spread of HIV?**

Georgia began identified reporting of HIV by name. This move allows DPH to guide the prevention and care efforts to reflect the trends of HIV in Georgia. Both name reporting and anonymous testing (no identification is collected) are available at sites throughout Georgia.

The Division of Public Health (DPH) coordinates a wide range of HIV/AIDS prevention programs that educate people of the consequences of high-risk behavior and teach people how to protect themselves. The HIV/AIDS Epidemiology Team in the **Epidemiology Section** of DPH monitors trends in reported cases of HIV/AIDS in Georgia, and helps the CDC conduct studies to better understand how the disease affects people, and what the long-term impact of the epidemic may be. Some of the activities of the Office of Essential Prevention Clinical Services include:

- Providing HIV antibody tests at more than 400 sites, including all of Georgia's 159 county health departments. These sites offer HIV counseling and testing, both names reporting and anonymously (no identification is collected).
- Conducting the community planning process to guide its HIV prevention funding and activities. The Statewide HIV Community Planning Council identifies unmet needs, sets priorities and facilitates collaborations between public health programs and citizens.
- Administering grants from the CDC and giving technical assistance to community-based organizations (CBOs) and county health departments, which conduct education and prevention programs in communities throughout the state.
- Providing HIV/AIDS prevention education in several different languages to communities, CBOs and educators throughout the state, including migrant workers.
- Providing HIV prevention messages and abstinence education to teens in schools, youth groups, youth detention centers, group homes, shelters and other sites. They also give presentations at work sites and conferences throughout Georgia.
- Funding AID Atlanta, a CBO, to operate the Georgia AIDS and STD Information Line seven days a week to answer questions about prevention and treatment of AIDS.

### **What is being done to treat Georgians with HIV?**

Medications and preventive therapy for HIV-related illnesses are allowing patients to prolong life and to improve the quality of life. Funds from the Ryan White CARE Act have expanded opportunities for treatment and case management throughout the state. Georgia's Medicaid program provides coverage to many disabled AIDS patients who formerly exceeded income guidelines for eligibility and could not afford treatment. Georgia has an insurance assistance program, which pays private health insurance premiums to maintain coverage for people with HIV whose income has fallen below 300 percent of the federal poverty level. A federal grant enables DHR to supply approved medication for the treatment and management of HIV infection to more than 4,000 indigent people with HIV who do not qualify for Medicaid, through the AIDS Drug Assistance Program.

To be effective, medical services for these patients must be integrated with social services, nutrition services, mental health care, addiction management, housing assistance and prevention services, including education.

**Where to go for information about HIV/AIDS**

- Your doctor, your local health department, or the Division of Public Health at (404) 657-2700.
- Call the **Georgia AIDS Information Line at 1-800-551-2728**. They can answer your questions or refer you to community outreach programs. You won't have to give your name.
- Call **Helpline Georgia at 1-800-338-6745** for information about drug treatment programs.

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